

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

3979

BIRTH NO. <u>49-005959</u>		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>3004</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u> <u>0</u> township <u>7</u> <u>STAY 7 hours</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u> <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bickel Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>406 E. 8th St.</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>Babe Joe</u>		a. (First)		b. (Middle)		c. (Last) <u>Compton</u>	
5. SEX <u>Male</u> <u>(1)</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Feb. 18, 1949</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Lamar, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.A.</u>	
13a. FATHER'S NAME <u>Joe Compton</u>		13b. MOTHER'S MAIDEN NAME <u>Eva May VanGilder</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>No</u>		16. SOCIAL SECURITY NO. <u>----</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. R. H. Compton Lamar, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cause undetermined.</u> DUE TO (c) <u>(6 months infant)</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>776x</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 18</u> , 19 <u>49</u> , to <u>Feb. 19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb. 18</u> , 19 <u>49</u> , and that death occurred at <u>5:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John T. Bickel, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Lamar, Mo.</u>		23c. DATE SIGNED <u>2/19/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/19/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lamar Mo.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 21 1949</u>		REGISTRAR'S SIGNATURE <u>Marie Konantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home</u>		ADDRESS	

349-248

3-5-49

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Clarence W. Chile*

Licensed Embalmer No. \_\_\_\_\_

*3473*

P. O. Address \_\_\_\_\_

*Same Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.